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NAI C		Unif	form Applic roducer Lic	cation f		ratio	PUBL	IC HEALTH	SENATE WELFARE & SAFE	
National Association of Insurance Commissioners			(Please Print o		8.00		Exhib	it No.	5	
Check appropriate boxe Resident License	s for ficense rec	questea.					Date_	2/	20/2015	
□ Non-Resident License					BIII No. SB 350					
• Identify Home St	ate: Home	State Lice	nse #:				DILLAC	J	3 3 3 0	
New Application										
Additional Line of Aut	thority	Den	nographic Inf	ormation	1					
Soc. Security Number			If assigned, Nation	A STATE OF THE PARTY OF THE PAR	NAME OF TAXABLE PARTY.	er (NPN	1)			
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If applicable, FINRA Individua Number	ll Central Registration	Depository (C	RD)							
1) Last Name	JR./SR. etc	(3) F	First Name		(6) Mi	iddle Na	ime	7 Date of B	irth	
									(day) (year)	
Residence/Home Address (Physical Residence)	ical Street)		City				10 State	11 Zip Code	12 Foreign Country	
13 Home Phone Number	Gender (Circle		Are you a Citizen							
() - a	Male Fema							you a citizen?)	proof of eligibility to	
Individual Applicant Email			k in the U.S.)	гаррпсано	11 101 a 1	Cestaem	License,	you must suppry	proof of engionity to	
7 Business Entity Name										
18) Business Address (Physical Stree	et)	(9) P.O. Box	©City		60) State		2 Zip Code	23 Foreign Country	
g Business i ludi ess (i nysieur sues	,	1101201	200 01.5		(1)	Joune		(2) 24 code	Or oreign country	
Business Phone Number (include extension)	Business Fax N	umber	26 Busin	ess E-Mail	Address	3		27 Business V	Veb Site Address	
Applicant's Mailing Address		P.O. Box	© City		31) State	32 Zi	p Code	33 Foreign Country	
a. List any other assumed, fictition	ous, alias, maiden or tr	de names whi	ch you have used	in the past.						
b. List any trade names under wh	ich you are currently o	loing business	or intend to do bu	isiness.						
(May be subject to state approv		C								
(Way be subject to state approv	al)	Agancy	r Business En	tity Affil	iation	c				
35 List your Insurance Agency Affil	liations: (Complete on						he busine	ss entity)		
FEIN	NPN	N	Jame of Agency							
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		E	Employment H	History						
Account for all time for the past work, self-employment, military ser		nployment exp	erience starting w		rrent em	ployer	working b	ack five years.	Include full and part-time	
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			(State Use)		TOTAL SOME					

• Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Producer License/Registration

Applicant Name:

	Jurisdiction and Type of License Requested															
37 Next to each j	urisdictio	n, chec	k the lic	ense type		(s) and line(s) of authority for which you are applying.										
License Types:			- Agent			B – Broker P - Producer SLP – Surplus Line H – Accident &			Lines Produce	nes Producer						
Lines of Author	rity:	V Li	– Varial fe/Varia	ble ible Annı	ıity	\mathbf{L} – Lit	fe		Health Sickn	n or	P –	Property	C – Cas	ualty	PL	– Personal Lines
Limited Lines:		Cı	redit– C	Credit		CR – C	Car Rent	al	CRO	P - Crop	T –	Travel	S – Sure	ety	O Ty	- Other: Specify
		Licens	e Type			Maj	or Lines	s of Aut	nority			L	imited Lines	of Aut		T.
Jurisdiction	Α	В	P	SLP	V	L	Н	P	C	PL	Credit	CR	CROP	Т	S	0
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Uniform Application for Individual Insurance Producer License/Registration

Applicant Name:

700 4 11	
The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.	
1 a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?	No
You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.	
You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)	
1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Yes_	No
You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)	
If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A_	Yes No
If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A_	Yes No
1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?	No
NOTE: For Questions 1a, 1b and 1c, "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.	
 If you answer yes to any of these questions, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment. 	
2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes _	No
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.	
If you answer yes, you must attach to this application: a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.	
3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.	No
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.	
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?	No
If you answer yes, identify the jurisdiction(s):	
5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes_	No

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Applicant Name: _

Uniform Application for Individual Insurance Producer License/Registration

If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.	and
 6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liabilit company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent y from receiving an insurance license, and b) copies of all relevant documents. 	Yes No
. Do you have a child support obligation in arrearage?	Yes No
If you answer yes, a) by how many months are you in arrearage? b) are you currently subject to and in compliance with any repayment agreement? c) are you the subject of a child support related subpoena/warrant? (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropri state child support agency.)	Months
. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?	N/A Yes No
If you answer yes	
Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application	n? Yes No
Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application was to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a followage at the end of the application process, providing a link to the Attachment Warehouse instructions.	2

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Uniform Application for Individual Insurance Producer License/Registration

Applicant's Certification and Attestation

The Applicant must read the following very carefully:

- 1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- 2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- 3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- 4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
- 5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- 7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
- 8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Month/Day/Year	
Original Applicant Signature	
Full Legal Name (Printed or Typed)	

Attachments



The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- 1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
- 2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).